

U.S. DEPARTMENT OF THE INTERIOR

NATIONAL PARK SERVICE, Northeast Region

ACADIA NATIONAL PARK

2003 COMMERCIAL USE AUTHORIZATION APPLICATION



FOR OFFICE USE:
Permit #

(Please type or print in ink. Answer all questions completely or mark "N/A" if not applicable.)

APPLICANT'S (OWNER'S) NAME

AUTHORIZED REPRESENTATIVE

OFFICIAL BUSINESS NAME (S)

(Authorized name under which permit is to be issued)

NATURE OF BUSINESS

(Brief description of service, e.g. guided bicycle tours,
narrated van tours)

OPERATING DATES/TIMES (in the park)

(Open/close dates; monthly & daily schedule)

(Use back of form if necessary)

DEPARTS FROM/TO

***TAX PAYER ID # - OR**

SOCIAL SECURITY NUMBER

PRIMARY ADDRESS

(Business Address)

ALTERNATE ADDRESS

EMAIL / INTERNET ADDRESS

PRIMARY TELEPHONE NUMBER

ALTERNATE TELEPHONE NUMBER (CELL)

FAX NUMBER

AS AN APPLICANT, ARE YOU: (Mark one box with "X")

☐ INDIVIDUAL

☐ CORPORATION

☐ PARTNERSHIP/ASSOCIATION

☐ GOVERNMENT/STATE AGENCY

☐ OTHER _____

If you are an INDIVIDUAL or PARTNERSHIP, are you also a citizen(s) of the United States? YES _____ NO _____

**Requirement of 1996 Debt Collection Act—This number will NOT be made public.*

You are required to carry liability insurance to provide protection for visitors you serve within National Park Service areas. The insurance policy must contain a waiver of subrogation clause specifying that the insurance company shall have no right of subrogation against the United States. If this is not possible, the United States of America, National Park Service, Acadia National Park must be named on the policy as an additional insured.

Please attach your original insurance certificate and endorsement.

Applicants must obtain liability coverage BEFORE a permit can be issued. Refer to the Insurance Information Sheet for required minimum coverage amounts. The minimum coverage for tour buses with passenger capacity exceeding 51 is \$2million per occurrence.

Will you be using any type of WATERCRAFT and/or VEHICLES within park boundaries in your operation?

NO _____ YES _____ If YES, Please complete the following chart. Use additional sheets if necessary.

If you are a motorcoach operator with numerous vehicles, complete this form indicating the vehicle type as "motorcoach" with maximum passenger capacity as "55" or whatever, and in the space marked "Vehicle Licence #" either indicate that a list of insured vehicles is attached or indicate that this information is not available but that all vehicles used are properly licensed and insured.

WATERCRAFT TYPE	MAXIMUM PASSENGER CAPACITY	REGISTRATION #/ NAME

VEHICLE TYPE	MAXIMUM PASSENGER CAPACITY	VEHICLE LICENCE #

Within the past 5 years, has the company (entity), or any of the owners of the business been convicted of or forfeited collateral for any violations of state, federal, or local law or regulation? _____.

Is the company (entity) or any of the owners of the business now under charges for any violation of state, federal, or local law or regulation? _____.

Within the past 5 years, have any of your current or proposed employees been convicted of or forfeited collateral for any state, federal, or local law or regulation; OR are they now under charges for any violation of state, federal or local law or regulation? _____. (IF "YES", YOU MAY BE REQUIRED TO EXCLUDE THOSE EMPLOYEES FROM WORKING IN ANY CAPACITY RELEVANT TO THOSE ACTIVITIES AUTHORIZED BY AN INCIDENTAL BUSINESS PERMIT.)

IF YOU ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, PLEASE GIVE DETAILS IN THE SPACE BELOW. FOR EACH VIOLATION, WRITE THE: 1) Individual's Name, 2)Date, 3) Charge, 4) Place, 5) Court 6) Action Taken.

ITEM #	INDIVIDUAL'S NAME	DATE	CHARGE	PLACE	COURT	ACTION

False, fictitious or fraudulent statements of representations made in this application may be grounds for revocation of the Incidental Business Permit and may be punishable by fine or imprisonment (U.S. Code, Title 18, Section 1001). All Information you provide will be considered in reviewing this application.

EMPLOYEE LIST (employees who perform work in the park as a result of this authorization)

NAME	ADDRESS	TELEPHONE #	CERTIFICATIONS

SIGNATURE OF OWNER/AGENT
 (Attach proof of Agency if not the owner)

PRINTED NAME

DATE

***PLEASE REMIT PAYMENT WITH YOUR APPLICATION IF APPLICABLE
 INCLUDE APPROPRIATE FEDERAL AND STATE CERTIFICATIONS
 MAKE THE REMITTANCE PAYABLE TO: Dept of Interior, National Park Service
CREDIT CARDS NOT ACCEPTED FOR PAYMENT***